

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-619)							SERIAL NO. <b>709114</b>		FILING DATE <b>11-8-00</b>		
							APPLICANT				
CLAIMS											
	AS FILED		AFTER 31 MONTHS		AFTER 24 MONTHS						
	NO.	OFF.	NO.	OFF.	NO.	OFF.					
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